NOTICE OF FEE DUE

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DATE:	8/31	oç	
TO:	IS	suefee s	<u> </u>
FROM:	Office of Initial Pa	stent Examination	
SUBJECT:	Fee Due		
APPLICATION	NUMBER 09	688715	
following reason. deposit account i	Please check the app f an authorizations is	lication for the appropri	nt and Trademark Office for the authorizations to charge the Appropriate Fee. If a cy.
Insufficient fee l	by check		
	by check Is in deposit amount	,	
	ls in deposit amount	• · · · · · · · · · · · · · · · · · · ·	
Insufficient fund	ls in deposit amount Tredit Card	• · · · · · · · · · · · · · · · · · · ·	
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Insufficient fund Insufficient by C Declined credit c Non-authorizatio No fee submitted	Is in deposit amount Fredit Card Fard In for charge to deposit acc per requirement		\$
Insufficient fund Insufficient by C Declined credit c Non-authorizatio No fee submitted The correct fee code:	Is in deposit amount Fredit Card Fard In for charge to deposit acc per requirement	Amount	Ψ
Insufficient fund Insufficient by C Insufficient fund Insufficient by C Insufficient contains a second	Is in deposit amount Fredit Card For charge to deposit according to the per requirement 1501 1999	Amount Amount	\$



